

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR



KENNETH HAHN HALL OF ADMINISTRATION 500 WEST TEMPLE STREET, ROOM 437 P. O BOX 514917 LOS ANGELES, CALIFORNIA 90051-4917

MARK J. SALADINO
TREASURER AND TAX COLLECTOR

March 6, 2003

Telephone (213) 974-2101 Telecopier (213) 626-1812

The Honorable Board of Supervisors County of Los Angeles 383 Kenneth Hahn Hall of Administration 500 West Temple Street Los Angeles, CA 90012

Dear Supervisors:

REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT (ALL DISTRICTS AFFECTED - 3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Robert Burchett, Jr., in amount of \$7,657.70 Eun Shim Kim, in amount of \$4,737 Mario J. Mazzuca, in amount of \$4,842.41 Maria L. Veloz, in amount of \$16,595.32

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

The Honorable Board of Supervisors March 6, 2003 Page 2

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Implementation of Strategic Plan Goals:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

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FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

Respectfully submitted,

MARK J. ŚALÁDINO

Treasurer and Tax Collector

MJS:DA:tr

Attachments

c: Chief Administrative Officer County Counsel

APPROVED LLOYD W. PELLMAN County Counsel

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COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 53A DATE: March 6, 2003

Amount of Aid	\$33,690.00	Account Number	10583566
Amount Daid			10000300
Amount Paid	.00	Name	Burchett, Robert Jr.
[Service	
Balance Due	33,690.00	Date	07/29/01 to 02/07/02
Compromise			07720701 10 02707702
Amount Offered	7,657.70	Facility	Harbor UCLA Medical Ctr.
Amount to be		Service	The second section of the sect
Written Off	\$26,032.30	Туре	Inpatient/Outpatient

JUSTIFICATION

Mr. Burchett was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$33,690.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$26,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$10,400.00	\$10,400.00	40.00%
Attorney Cost	1,350.77	1,350.77	5.20%
Valley Plaza Dr. Hospital	1,350.83	1,350.83	5.20%
Valley Plaza E.R. Medical Center	215.00	215.00	0.81%
American Medical Response	898.80	898.80	3.46%
County of Los Angeles	33,690.00	7,657.70	29.46%
Net to Client	N/A	4,126.90	15.87%
Total	\$47,905.40	\$26,000.00	100.00%

Our financial investigation reveals that Mr. Burchett supports himself with a marginal income. He has no other source of income or tangible assets.

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TRANSMITTAL NO. 53B DATE: March 6, 2003

Amount of Aid	\$100,144.00	Account Number	10538569
Amount Paid	0.00	Name	Kim, Eun Shim
Balance Due	100,144.00	Service Date	08/09/00 to 08/29/00
Compromise Amount Offered	4,737.00	Facility	Rancho Los Amigos and LAC USC Medical Centers
Amount to be Written Off	\$ 95,407.00	Service Type	Inpatient

JUSTIFICATION

Ms. Kim was involved in an automobile versus automobile accident. She was treated at Rancho Los Amigos and LAC USC Medical Centers at a cost of \$100,144.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	540.61	0.00	0.00%
Diagnostic Imaging Ctr. of Wilshire	1,375.00	65.00	0.43%
Dr. Moses Kang, DPM	610.00	29.82	0.20%
Dr. Christopher J. Kim, DC	3,080.00	145.00	0.97%
Lincoln Chiropractic Center	490.00	23.18	0.16%
County of Los Angeles	100,144.00	4,737.00	31.58%
Net to Client	N/A	5,000.00	33.33%
Total	\$111,239.61	\$15,000.00	100.00%

Our financial investigation reveals that Ms. Kim is an unemployed full-time student who receives a monthly allowance from her relatives in Korea. She has no other source of income or tangible assets.

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TRANSMITTAL NO. 53C DATE: March 6, 2003

Amount of Aid	\$25,612.00	Account Number	10617055
Amount Paid	.00.	Name	Mazzuca, Mario J.
Balance Due	25,612.00	Service Date	09/28/01 to 11/06/01
Compromise Amount Offered	4,842.41	Facility	Harbor UCLA Medical Ctr.
Amount to be Written Off	\$20,769.59	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Mazzuca was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$25,612.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,842.41	\$ 4,842.41	32.28%
Attorney Cost	472.76	472.76	
County of Los Angeles	25,612.00		3.15%
Net to Client		4,842.41	32.28%
Total	N/A	4,842.42	32.29%
Total	\$30,927.17	\$15,000.00	100.00%

Our financial investigation reveals that Mr. Mazzuca supports himself and family of four with a marginal income. He has no other source of income or tangible assets.

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TRANSMITTAL NO. 53D DATE: March 6, 2003

Amount of Aid	\$59,780.00	Account Number	10544231
Amount Paid	.00	Name	Veloz, Maria L.
Balance Due Compromise	59,780.00	Service Date	01/09/01 to 08/15/01
Amount Offered	16,595.32	Facility	LAC USC Medical Center
Amount to be Written Off	\$43,184.68	Service Type	Inpatient/Outpatient

JUSTIFICATION

Ms. Veloz was involved in a slip and fall accident. She was treated at LAC USC Medical Center at a cost of \$59,780.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$55,000.00 and proposes the following disbursement:

Disbursements Attorney Fees	Total Claim	Proposed Settlement	Percent of Settlement
	\$19,051.39	\$19,051.39	34.64%
Attorney Cost	1,906.33	1,906.33	3.47%
Mission Community Hospital	604.94	164.59	0.30%
Valley Emergency Hospital	509.00	138.04	
Ali Dini, M.D.	2,560.00	697.30	0.25%
L.A. City Fire Department	342.25		1.27%
Tower Imaging Medical	36.00	93.80	0.16%
County of Los Angeles		8.84	0.02%
Net to Client	59,780.00	16,595.32	30.18%
Total	N/A	16,344.39	29.71%
· otal	\$84,789.91	\$55,000.00	100.00%

Our financial investigation reveals that Ms. Veloz is unemployed and is supported by her spouse with a marginal income. She has no other source of income or tangible assets.